

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

06/08/2012

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Sam Houston state University

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

746001430

**\* c. Organizational DUNS:**

0741798960000

**d. Address:**

**\* Street1:**

903 Bowers Blvd

**Street2:**

SHSU 2392

**\* City:**

Huntsville

**County/Parish:**

Walker

**\* State:**

TX: Texas

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

773412392

**e. Organizational Unit:**

**Department Name:**

Research Administration

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Dr.

**\* First Name:**

David

**Middle Name:**

**\* Last Name:**

Webb

**Suffix:**

**Title:** Project Director

**Organizational Affiliation:**

Sam Houston State University

**\* Telephone Number:**

9362943177

**Fax Number:**

**\* Email:**

davidwebb@shsu.edu

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Environmental Protection Agency

### 11. Catalog of Federal Domestic Assistance Number:

66.709

CFDA Title:

Multi-Media Capacity Building Grants for States and Tribes

### \* 12. Funding Opportunity Number:

EPA-OECA-NETI-12-001

\* Title:

FY2012 State Environmental Enforcement Training Grant Program Solicitation Notice

### 13. Competition Identification Number:

NONE

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Project ENCRYPT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

# Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant TX-008

b. Program/Project TX-008

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 09/01/2012

\* b. End Date: 08/31/2015

## 18. Estimated Funding (\$):

* a. Federal	893,485.00
* b. Applicant	120,941.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,014,426.00

77,900,000  
-?? 129,942

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Dr. \* First Name: Jerry

Middle Name:

\* Last Name: Cook

Suffix:

\* Title: Associate VP

\* Telephone Number: 9362943621 Fax Number:

\* Email: orsp@shsu.edu

\* Signature of Authorized Representative: Jerry Cook \* Date Signed: 06/08/2012